HPAC/C-J/MEA Training Registration Form

*Please fill this form out completely and return to Bonnie Cassano by fax at 703-971-4654 or email at bonnie.cassano@ngc.com *

Name:		Rank/GS Level:	
Last	First		
Date of Birth*:		Place of Birth*: City State Country(if not US)	
Social Security Number * Required for Entry to DTRA (Op	r*: psCenter Tour)	Commercial Phone:	
Organization:			
Business Email:			
Do you hold a DTRA b	adge? Yes	No Do you have a Military ID? Yes No	
Dlagge enter your name	as von would like i	t to annous on your training contificator	
i lease enter your name	e as you would like I	t to appear on your training certificate:	
Have you attended HPA	AC/C-J Training in	the past? Yes No Dates:	
Do you currently have	CATS/HPAC softw	are? HPAC: Yes No CATS: Yes No	
		If Yes, what version:	
Dlagge gelegt very much	and tusining date(
Please select your prefer (Slots will be filled on a fir- regarding an alternate sess	st-come-first serve bas	is. If your desired session is full, you will be contacted	
Visit the ACE Center	r for the Training Cal	lendar: https://acecenter.dtic.mil/Trng/index.htm	
1 st Choice:		— Select the desired course(s):	
2 nd Choice:		HPAC CJ	
2 Choice:		CJ Natural Hazards (February & Ma	
3 rd Choice:			
Reg	ister for HPAC We	b-based Training at the ACE Center: /HPAC403/WBI_registration_form.html	

https://acecenter.dtic.mil/Trng/Trng-Application-Form.doc